From: Sylvia Paull

8/10/23, 11:14 AM

Division of Corporations

Florida Department of

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000278081 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone Fax Number : (323)389-0502

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE THIRD PLACE LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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Corporate Filing Menu

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COVER LETTER

TO: Registration : Division of Co		•	•
SUBJECT:	IRD PLACE LLC		
SCIDECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
	•	Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
	amy@adventure-project.com	City/State and Zip Code	
		o be used for future annual report notif	ication)
For further information	concerning this matter, please ca	ıll:	
Cheyenne Moseley		800 773-0888	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURI Registration Section Division of Corpora	n

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE THIRD PLACE LLC		
(<u>Name of the Limited Liability</u> (A Florida	y <u>Company as it now appears on our records.</u>) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L23000356454</u>	ompany were filed on 07/28/2023	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
THIRD SPACE IMPROVILLC	-	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office addr.		the name of the
Name of New Registered Agent:		TAN AUG
New Registered Office Address:		
	Enter Florido street address	79 PH 10
	Florida	Zin Code
New Registered Agent's Signature, if changing Registered	•	### \\ \Q

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

To:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2023-08-10 09.16:27 PDT

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
				
			□ Remove	
			□ Change	
			□ Add	
			☐ Remove	
			□ Change	
 			□ Add	
			□ Remove	
			Change	
			☐ Remove	
			☐ Change	
			□ Remove	
		 	□ Change	
			Remove	
			□ Change	

From: Sylvia Pault

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Typed or printed name of signee

Amy Michelle Angelille

Filing Fee: \$25.00